Receipts and Disbursements Report

U.S. Department of Labor



Required of Persons, Including Labor Relations Office of Labor-Management Standards Form approved - OMB Consultants and Other Individuals and Organizations, Washington, D.C. 20210 No. 1215-0188 Under Section 203(b) of the Labor-Management (Feb. 1990) Expires 11-30-99 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: PINNELE ORG. SCRUCES 11815 L. Doly O RA 3. FILE NO. 4. PERIOD Sconsonie, 12, 85258 Year Month Day COVERED C-531 01 BY THIS From: 31 01 REPORT To: B.- STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT DEARBORN WHOLESALE 28015, WESTERN Choo ILL 60608 9.30-01 \$ 59,621,19 TOTAL C.- STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (c) Expenses (d) Totals (b) Salary (a) Name Expenses \$39,621.19 O'DOWNELL \$5206.19 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) \$ 29 621,1 Total Disbusements to officers and employees: \$ 29 621.19 D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15. EMPLOYER 17. AMOUNT 16. TO WHOM PAID 18. PURPOSE NONE. USDOL/ESA OLMS/DOE/SRD TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E. VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him an is, to the best of his knowledge and belief, true, correct, and complete. PRESIDENT SIGNED: , TREASURER on: 1-18-0alf other title, cross out at SCOTTSDALE (If other title, cross out and write in correct title above.) City Date and write in correct title above.) City State Date